

FILED FEB 10 1942 STANDARD CERTIFICATE OF DEATH

State File No. 1741

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 170

1. PLACE OF DEATH:

(a) County. Buchanan,
(b) City or town. Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
623 South 16th. Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 40 years,
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Virginia Mann,

3. (b) If veteran, name war. None, 3. (c) Social Security No. None,

4. Sex Female, 5. Color or race White 6. (a) Single, widowed, married, divorced. Married,
6. (b) Name of husband or wife. John C. Mann, 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased. March 27th, 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Linn County, Missouri,
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER { 12. Name Unknown, 9
13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Mann,
(b) Address 623 South 16th. Street,

17. (a) Burial (b) Date thereof 1/15/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Mausoleum

18. (a) Signature of funeral director Heaton - G. Stole - Bowman Funeral
(b) Address 319 So. 10th. Street, Home

19. (a) Jan. 14 1942 (b) W. J. Mastle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri, (b) County. Buchanan
(c) City or town. Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 623 South 16th. Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th.
year 1942 hour 2:00 minute 50 a. m.

21. I hereby certify that I attended the deceased from 9-27 1941 to 1-13 1942
that I last saw her alive on 1-12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death thrombotic apoplexy Duration 3 hr.
without return

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (or) Means of injury

23. Signature John C. Mann (M. D. or other) MO
Address 623 South 16th. Street Date signed 1-14-42

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 1-13-42

....., Registered Apprentice No.,
working under my personal supervision.

Signed Wm E Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.